

Supplemental Application Data Sheet

Application Information

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| Application number:: | 09/439,740 |
| Filing Date:: | 11/15/99 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | RECOMBINANT TRANSFERRINS, TRANSFERRIN HALF-MOLECULES AND MUTANTS THEREOF |
| Attorney Docket Number:: | UVI-005CP2CNRCE |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Canada |
| Status:: | Full Capacity |
| Given Name:: | Walter |

Middle Name:: D.
Family Name:: FUNK
City of Residence:: Dallas
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 11991 Audelia Road, Apt. 2202
City of mailing address:: Dallas
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 75243

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: C.
Family Name:: WOODWORTH
City of Residence:: Shelburne
State or Province of Residence:: VT
Country of Residence:: US
Street of mailing address:: 4 Logan Lane
City of mailing address:: Shelburne
State or Province of mailing address:: VT
Postal or Zip Code of mailing address:: 05482

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Anne
Middle Name:: B.
Family Name:: MASON
City of Residence:: Charlotte
State or Province of Residence:: VT
Country of Residence:: US
Street of mailing address:: North Greenbush Road
City of mailing address:: Charlotte
State or Province of mailing address:: VT
Postal or Zip Code of mailing address:: 05445

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Ross
Middle Name:: T.A.
Family Name:: MACGILLIVRAY
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: Apt. 807, 2233 Allison Road
City of mailing address:: Vancouver
State or Province of mailing address:: BC

Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6T 1T7

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-----------------------|---------------------------------|-----------------------|----------------------|
| This Application | Continuation of | 08/175158 | 12/28/93 |
| 08/175158 | Continuation-in-part | 07/832,029 | 02/06/92 |
| 07/832,029 | Continuation-in-part | 07/652,869 | 02/08/91 |

Foreign Priority Information

Assignee Information

Assignee name:: The University of Vermont and State
Agricultural College
Street of mailing address:: 349 Waterman Building
City of mailing address:: Burlington
State or Province of mailing address:: VT
Postal or Zip Code of mailing address:: 05405-0160

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|---|------------------------------------|
| Assignee name:: | The University of British Columbia |
| Street of mailing address:: | 103-6190 Agronomy Road |
| City of mailing address:: | Vancouver |
| State or Province of mailing address:: | BC |
| Country of mailing address:: | Canada |
| Postal or Zip Code of mailing address:: | V6T 1Z4 |

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

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| Signature | /Debra J. Milasincic, Esq./ | Date | April 23, 2012 |
| Name (Print/Type) | Debra J. Milasincic, Esq. | Registration No. (Attorney/Agent) | 46,931 |